

Preface

This book contains the passion and compassion of our project team. At the very beginning, I was invited to contribute my intellectual expertise with an attitude of curiosity and knowing nothing. Through the process, I have encountered extraordinary and enlightening life experiences that have opened up my mind, my heart, and my spirituality. I have become more and more confident that pursuing spirituality is a universal human developmental adaptive capacity regardless of socioeconomic and cultural backgrounds. The seven chapters of this book report on the series of research activities in which the team and I engaged to explore these ideas. We have tried to put them in a logical order and report them in a precise and concise way. However, due to the richness of the data we generated, only the most important and relevant ideas can be recorded here. I hope that what the team has tried to share in this book can become one of the sparkling stars in a sky of spirituality and contribute to a better understanding of this universal life force.

In 2009, I was invited by my academic mentor to join a meeting initiated by a group of social workers from the Tung Wah Group of Hospitals, one of the largest nongovernmental organizations in Hong Kong, providing health, education, and social care to the most needy. At that meeting, I learned that the Tung Wah Group of Hospitals aimed to provide holistic care to every service user in long-term care. In line with the agency's mission, an innovative palliative care intervention program had been developed. It had been shown to be effective in enhancing the quality of life of residents in long-term care facilities, except for the indicators of existential well-being. I was thus invited to join with them to study the question: "What is the most appropriate form of spiritual care for Chinese older adults?"

We began by searching the literature on spirituality in regard to its definition and tools for its measurement. We found that nursing professionals in the West had started studying this topic decades ago, and wondered initially if this might be transferable to the Chinese context. In other words, in Chinese gerontology we have no definition, no measurement, and no intervention developed specifically for social care. We embarked on a 6-year journey encapsulating a series of research activities including qualitative focus group discussions and in-depth interviews, a Delphi study, development and validation of a measurement scale,

and program evaluation. The journey through this series of research activities has been both long and short. In terms of human history and spiritual pursuits among human societies, 6 years is a very brief period. In terms of my academic journey of expanding the theoretical understanding of spirituality in contemporary China, it counted for half my academic life to date; a long, but very meaningful, stage of my life. Now, in late 2014, I am very proud to announce that we have developed a conceptualization of spiritual well-being for Chinese older adults, a reliable and valid measurement tool in the Spirituality Scale for Chinese Elders (SSCE), a Spirituality Process Model (SPM), and an effective intervention protocol, the Spirituality Enhancement Group for Chinese Elders (SEGCE).

Chapter 1 presents a discussion on why spiritual well-being is essential for both individuals and society as a whole based on the perspectives of life span development and gerotranscendence. We also present a literature review of definitions of spiritual well-being showing that spiritual pursuits are a universal phenomenon that goes beyond religious practices. China is a perfect place to study spirituality from a nonreligious perspective. A review of measures of spiritual well-being showed that existing measures had limitations that reflected a lacking of indigenous and culturally sensitive tools. The discussion then moves on to factors associated with spiritual well-being, providing a useful reference for selecting research participants and control variables in later studies. Through a detailed discussion of the Chinese cultural tradition of collectivism, the interdependent self, and the relationship-oriented worldview, this chapter ends by summarizing the insights that shed light on studying spiritual well-being in a Chinese context.

Chapter 2 describes a qualitative study that aimed to explore the meaning of spiritual well-being among Chinese older adults. Eight focus groups were conducted with members of four key stakeholder groups, including community-dwelling older adults, long-term care facility residents, and family and formal caregivers. Four in-depth interviews were also conducted with older adults. Participants were recruited using purposeful stratified sampling based on gender, age, health status, financial status, and religious affiliation. Semi-structured focus group and interview guidelines were developed and an interpretive approach used to guide the data collection and analysis process. Lastly, this chapter discusses the findings of the qualitative study in terms of a framework of six primary themes of spiritual well-being; meaning of life, spiritual affect, transcendence, relationship harmony, spiritual coping, and contextual factors.

Chapter 3 reports a Delphi study that aimed to obtain a consensus among experts on the conceptualization of spiritual well-being among Chinese older adults. Sixteen experts from medical, nursing, psychology, social work, and academic backgrounds participated in two rounds of evaluation of 124 items proposed for inclusion in a measure of spiritual well-being for Chinese older adults. Eight of them also took part in a face-to-face meeting to reach a consensus. The expert consensus was that spiritual well-being among Chinese older adults should reflect collectivist cultural, interdependent self-construct, and relational-oriented life.

Chapter 4 describes the development and validation of the SSCE. It begins by describing the production of the draft measure, then reports on a pilot study

that aimed to further refine the item wordings, logistics, and administration of the survey. A sample of older adults was recruited from Shanghai and Hong Kong based on defined inclusion and exclusion criteria. Standardized scales including a final draft of the 82-item SSCE, the WHO Quality of Life Scale, the Purpose in Life Scale, and the Positive and Negative Affect Scale were administered, together with questions on demographic characteristics, socioeconomic status, and other control variables. The SSCE was shown to be a reliable and valid measurement tool that is recommended for use in research and practice settings.

Chapter 5 reports on the development of a spiritual well-being process model that aimed to guide practice. The SPM was based on empirical data and illustrates the pathway through which relationship harmony can lead to spiritual well-being through transcendence. The chapter also considers intervention strategies for service matching using the SSCE, before going on to describe the four stages of developing the content and clinical strategies for the SEGCE. At stage one, existential treatment, relationship therapy, and group processing theory were integrated with the SPM. A draft SEGCE protocol, comprising an 8-session structured intervention, was then developed. The draft SEGCE protocol was then tested with a pilot group in terms of its potential impacts, administrative concerns, and research logistics. At stage four, the SEGCE protocol was finalized and made ready for use with a detailed session plan, resource guide, and standardized training materials for intervention leaders.

Chapter 6 reports on the process of evaluating the SEGCE from both an outcome and process perspective. At the outcome level, the effectiveness of SEGCE in enhancing spiritual well-being among Chinese older adults was tested by a quasi-experimental study. A total of 107 people participated, of whom 53 belonged to intervention groups. Based on the latent growth linear mixed model, the results indicated that the SEGCE was effective in enhancing spiritual well-being as indicated by significantly higher scores on the meaning of life, spiritual well-being, and transcendence subscales of the SSCE compared to control group participants. Based on thematic analysis of the elderly participants' focus group discussion, themes that contributed to SEGCE success included transcendence changes, enhanced harmonious relationships, and good practice on multimedia activity design with choice and respect. Based on thematic analyses of intervention leaders' focus group discussion and self-reflections, success was also attributed to professional competence associated with standardized training, assessment, and good practice in adopting multimedia activities. Finally, we discuss the success factors within a common factor framework. At the process level, the implementation of SEGCE is also evaluated using the context, input, product, and process (CIPP) program evaluation model.

Chapter 7 sets out our conclusions about this series of research projects. We have contributed to an extension of the spirituality literature at both the theoretical and practical levels. In theoretical terms, we have developed a conceptualization of spiritual well-being for Chinese older adults from a nonreligious perspective. The SSCE is also the first measurement tool developed in a Chinese context that aims to assess spiritual well-being based on differentiated core elements. The SPM also helps us to illustrate possible pathways for how harmonious relationships

can generate spiritual well-being by way of transcendence. At the practical level, the SEGCE has been shown to be an effective intervention that can be used to enhance spiritual well-being among both community-dwelling older adults and residents of long-term care. We have also developed several further innovations based on the SEGCE, including the self-help manual *Fu Le Man Xin Ba Duan Jin* (The Eight Forms Exercise), and volunteer-assisted self-help programs for older adults to use at home.

When I reflect on what we have achieved, I feel very proud of my project team. However, we also acknowledge the limitations of our work. Looking ahead, we are now working on mobile application and certificate courses that will enable further dissemination of our findings, and developing international collaborations.

Without the unconditional support of my project team, my passion for this work could not have been realized. I would like to take this opportunity to express my sincere thanks to the Tung Wah Group of Hospitals Elderly Service. Their continuing support makes this book possible. I would also like to thank all the participants in the research studies and practical interventions and their family members; my respect and appreciation are always with you. My appreciation also goes to all my research assistants, Miss Chan Kwan Ning Iris and Miss Dai Annie who devoted maximum effort to making this work come to fruition. Last but not least, my grateful thanks to Ms. Chan Tak Men Doris, who helped in proofreading the final manuscript.

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